

New Project Submission

Form Preview

RTTA New Program Application

* indicates a required field

Purpose of form

This form should be submitted if you are seeking funding from the RTTA to support a new project.

If you are seeking to change an existing project's scope, budget, or need to carry over money, you need to submit a variation request. Please return to the Commission's website.

If your proposal is a redevelopment of an existing proposal, you should [contact](#) the Commission for further advice on which form to submit.

If a question is marked required you must complete the question to the best of your ability. Simply inputting an N/A, period or dash does not suffice. If you need guidance in completing your plan, please [contact](#) the RSC, or alternatively, seek assistance from the guide.

Project information

Project details

Project Title *

This will be the title used in all Budget and formal correspondence. Short and concise is preferred.

Project start (FY) *

Project completion (FY) *

Organisation Name *
Organisation Name

Authorised person details

Authorised officer *

First Name

Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Understanding your project

What is the problem/rationale for your program? *

Word count:

Must be no more than 500 words.

What is the problem your program is seeking to change? Consider target population, needs/risk factors, what research shows and what evidence exists.

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What is the nature of your project? *

- ☐ Community engagement
- ☐ Education and awareness
- ☐ Enforcement
- ☐ Evidence and insights
- ☐ Infrastructure
- ☐ Post-crash response
- ☐ Road safety management
- ☐ Skills and capabilities
- ☐ Other:

What Driving Change priorities does your project align with, and how? *

Word count:

Must be no more than 150 words.

How will your program benefit road safety? *

Word count:

Must be no more than 200 words.

This should consider its impact to road trauma/KSI rates and how it improves the safety of the State's roads

Mapping out your program

* indicates a required field

Your program

The purpose of this section is to provide a clear map of your intended objectives/aims, deliverables/outputs, and your outcomes for your program.

This should translate directly from your program logic that informs your program evaluation.

If you need help completing this section, [contact the Commission](#).

Program objectives

Program scope

What is your program scope, and your program's limitations? *

Please provide in list format

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Program inputs

What are your program's inputs?

What resources are you using for the program to function? Consider personnel, expertise, technology, stakeholders and frameworks. If you are co-funded, make sure this is included.

Activity and output schedule

Activity or output

Metric

Completion

What are the essential actions needed to deliver the program?	What measures are you tracking to ensure delivery?	Provide quarter and year

Outcomes

What are your program's outcomes?

Risk Management

Program risks

If you require assistance in assessing risk, the State Government, or your internal policies and procedures should be your first resource.

For more generalised assistance, you can find some assistance [here](#), [here](#) and [here](#).

A risk workbook can be found [here](#).

Risk

Impact level

Mitigation strategy

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Program budget

* indicates a required field

Requested funds

What is the total cost of your program? (excluding GST) *

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Must be a dollar amount.

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Is your program co-funded? *

- ☐ Yes
☐ No

You may be using other sources to co-fund your project. This must be declared (especially if it is a core business function funded by your agency)

Co-funded Projects

Amount of funding being sourced from other sources *

Must be a dollar amount.

Please provide a summary of what is being funded by other sources.

Clear parameters must be set to ensure impact of RTTA funding can be measured.

Project Budget

Cost type	Year 1	Year 2	Year 3	Year 4	Total
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

Staffing

Are you asking the RTTA to fund FTE (staff) for your project? *

- ☐ Yes
☐ No

Are you asking the RTTA to fund staffing overtime for your project? *

- ☐ Yes
☐ No

Staffing and resourcing

- Number of positions refers to the number of FTEs required - e.g. you may need 3 CSOs, so the number would be 3.
- Please place the highest salary amount in the salaries column based on what it will cost due to wage increases.
- Year/s required refers to positions that may only be required for a certain number of FYs. If the positions are required across the entirety of the project, please leave blank.

Position title	Level	No. positions	Combined salaries (total)	Year/s required
	Must be a number.	Must be a number.	Must be a dollar amount.	i.e. Must be a number.

Overtime

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This section relates only to those programs that are funded specifically for overtime in their funding agreements.

The purpose of this section is to provide forecasts, recognising there is agility required.

Unit	Forecast hours	Forecast cost
		Must be a dollar amount.

Report Finalisation

* indicates a required field

Additional documentation

Please upload any additional support documentation you want to provide.

This may include your program logic, evaluation material (if undertaking one during the year), or recent approval documentation.

File upload

Attach a file:

Declaration

By submitting this project plan, I declare that: *

- ☐ I declare my organisation and project meet all eligibility requirements.
- ☐ I declare this application has the endorsement from both a Council representative and the Chief Financial Officer (or equivalent) from my organisation (insert details for CFO and attach evidence of endorsement)
- ☐ I understand that if I am seeking partial funding for a project, I will still be required to engage in a monitoring and evaluation process at the Council's discretion, for the entirety of the program to ensure use of money is contributing to the purpose of the fund.
- ☐ I understand the process following application, including the requirement of submission for an approved project plan, an approved evaluation and monitoring plan, and an approved data collection plan where required and endorsed by the Road Safety Council.
- ☐ The organisation will provide accurate and timely reports, as per the agreed reporting requirements, including actual spending and progress of the project.
- ☐ I have read and understood the RTTA funding guidelines and certify the application is complete, accurate and all claims have been made truthfully.
- ☐ I acknowledge that funding will only be approved for a maximum of four years, with ongoing funding being evaluated at the conclusion of the four years.

At least 7 choices must be selected.

New Section

Chief Finance Officer (or equivalent) *

First Name

Last Name

Authorised officer *

First Name

Last Name

Email *

Date declared by authorised officer *

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Must be an email address.

Date endorsed by CFO *

Must be a date.

Must be a date.

Please attach email (or other correspondence) confirming your CFOs approval of the plan. *

Attach a file: